

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 5 The Grove, Westbourne, EMSWORTH, Hampshire, PO10 8UJ

Pharmacy reference: 1031697

Type of pharmacy: Community

Date of inspection: 06/06/2019

Pharmacy context

This is a community pharmacy located in the centre of the village of Westbourne, providing pharmacy services to local residents and those living in outlying rural areas. The pharmacy dispenses NHS prescriptions and provides healthcare advice to people. It also supplies medicines in multicompartiment compliance aids (blister packs or trays), to people living in local residential homes and for those who live at home and may have difficulty managing or remembering to take their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	2.4	Good practice	Staff worked effectively together as a team and showed a good culture of openness , honesty and learning
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy services are tailored to the needs of the people and the pharmacist works closely with the local community to provide effective care.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy provides services in line with clear processes and procedures which are being followed by staff. Team members record, review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. The pharmacy team asks people for their views and deals with any complaints. And it uses the feedback to improve the service it provides. The pharmacy team generally keeps the records it needs to by law. The pharmacy protects peoples private information and the team members understand their roles in protecting vulnerable people.

Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The pharmacist demonstrated that dispensing incidents and near misses were recorded, reviewed and feedback provided to staff. Recent reviews had led to the highlighting and separation on the shelves of similar named drugs, for example Amlodipine and Amitriptyline preparations. Improvements could be made to the level of detail recorded both in relation to the actual individual incidents and the learning gained.

Baskets were used in the dispensing process as part of the company dispensing excellence scheme to manage the workload, separate prescriptions and reduce the likelihood of errors.

Up to date and relevant electronic Standard Operating Procedures (SOPs) were in the place for the services provided from the pharmacy. The SOPs had all been read and signed by staff.

The medicines counter assistant (MCA) was clear on her role and responsibilities. The roles and responsibilities of staff were clearly defined within the SOPs. On questioning, the MCA explained that she would refer any requests for advice and certain P medicines (eg repeat requests for Codeine containing medicines) to the pharmacist.

A patient satisfaction survey had recently been completed and the results of the 2017 survey displayed in the consultation room. Staff were clear on the process to follow in the event anyone wished to provide feedback or make a complaint and this procedure was displayed at the counter . Areas for improvement highlighted through feedback received by staff most recently, included issues around ensuring patients were aware that the pharmacy can signpost them to other services. As a consequence the pharmacy staff took great care to highlight and signpost services to patients where appropriate. The pharmacy also had access to the internet and a range of health promotion leaflets to assist with signposting.

Professional indemnity insurance arrangements were in place for the pharmacy services provided via Numark. The pharmacy had a copy of the insurance certificate displayed showing an expiry of 31 March 2020.

The Responsible Pharmacist sign was on display and Responsible Pharmacist (RP) records maintained. CD registers, emergency supply, special records and the private prescription records examined were generally in order. However, on occasion the time of ceasing responsibility as responsible pharmacist was not always recorded in the RP register. Running balances were checked and recorded regularly and

those looked at during the inspection were in order. Records of patient returned controlled drugs were maintained. Patient returned and date-expired controlled drugs were segregated and stored securely .

The pharmacy had an information governance procedure and staff had read and signed this. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. A cross-cut shredder was used to dispose of patient identifiable and confidential waste. The pharmacy also had a business continuity plan in place.

Child protection and vulnerable adult safeguarding procedures were available for reference. In answer to scenario questions, staff were able to explain what to do or, who they would make aware if they had concerns about the safety of a child or a vulnerable adult. The pharmacist and technician had completed safeguarding training through CPPE.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate levels of qualified staff for the services it provides, and provisions are in place to ensure staffing levels are maintained. Pharmacy staff have the appropriate skills and qualifications for their roles. The team works well together with openness and honesty to help support the safe and effective delivery of pharmacy services. They can make suggestions and get involved in making improvements to the systems used and services provided.

Inspector's evidence

The pharmacy dispensed approximately 6,200 items each month. The responsible pharmacist, one registered technician/ branch manager, two trained dispensers and a trained medicines counter assistant were present at the time of the inspection. All current staff had completed appropriate training courses for their roles.

Staff were encouraged to continue their own personal development by completing regular training courses e.g. e- learning (module), magazine articles and company updates.

Staff were observed following the sales of medicines protocol when making OTC recommendations and referred patients to the pharmacist when necessary.

On questioning, staff were able to explain how they would raise a concern they had about the provision of a pharmacy service with the company. As a consequence of staff feedback the pharmacist had devised a rota for date checking which all the staff participated in to ensure that this activity was completed. The pharmacy held regular informal branch meetings to deal with any issues.

The pharmacist had targets and incentives set for MUR's and NMS, but felt it did not impact on the care she provided for patients.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and provides a hygienic and professional environment for the delivery of pharmacy services to people. The pharmacy has suitable facilities to protect the privacy, dignity and confidentiality of people. And the team uses them to ensure confidentiality is protected.

Inspector's evidence

The pharmacy was adequate in size, well lit, clean and fitted out to an adequate standard. The pharmacy had 3 computer terminals. However, this sometimes caused delays due to the level of business and the ability to access information.

The temperature in the pharmacy was acceptable on the day of the inspection. However, during the summer months the pharmacy temperature did become hot and this may increase the risk of loss of concentration of staff.

The staff explained that the pharmacy was cleaned and stock date-checked by store staff regularly. Hand washing facilities were available in the dispensary and staff areas and consultation room.

A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation room was checked during the inspection and no confidential conversations could be overheard outside of the room. The consultation room door was secured when not in use to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services well in a safe and effective manner and people receive good advice and support to help them use their medicines properly. The pharmacy advertises its services and people can easily access them. The pharmacy generally sources, stores and manages medicines well. And so makes sure that all the medicines it supplies are fit for purpose.

Inspector's evidence

The pharmacy provides a range of services tailored to the needs of the local population eg blister (compliance) packs and the collection and delivery service, which was particularly valued given the local elderly population. The pharmacy worked with the surgery and local hospitals in providing and monitoring this service. Pharmacy services were clearly advertised within the pharmacy.

The pharmacy had step access but was accessible to wheelchair users via a doorbell, although this was not working at the time of the inspection. The pharmacy had a hearing loop available for use. Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided. The pharmacy also ran health promotion programmes for example children's oral health, as part of the Healthy Living Pharmacy programme. And the pharmacy had a selection of health promotion leaflets available for patients to self-select. The pharmacist also attended events (e.g. village shows), to provide health events and provided regular talks to local groups e.g. Womens Institute meetings

In accordance with the SOPs the dispensed-by and checked-by boxes of the dispensing labels on assembled medicines were initialled. Patient information leaflets were supplied with all medicines and the pharmacy were able to print out spare copies for supply with broken bulk packs.

Procedures were in place to highlight high-risk medicines (eg valproate preparations) and to ensure that appropriate action was taken, including counselling patients where necessary in relation to the Pregnancy Prevention Program. The pharmacy had also carried out an audit of patients on valproate to identify any patients at risk. The pharmacy also carried out the NSAID clinical audit and childhood asthma audit linking in with the children's oral health promotion.

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The pharmacist demonstrated that the maximum and minimum temperatures of the pharmacy refrigerators was recorded daily and stock was rotated and stored in an orderly manner in the fridges. Documented records were also made of any incidents when the cold chain storage went out of range together with the action taken

Medicines were stored generically in alphabetical order, with the top 50 lines separated for ease of selection. Medicines were stored in appropriate conditions, within their original manufacturer's packaging and in an organised manner to help reduce errors. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted.

The pharmacy used licensed wholesalers Phoenix, Alliance, AAH. Specials were generally ordered via

Quantum specials manufacturers. Invoices from a sample of these wholesalers were seen.

The staff were aware of the recent requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. At the time of the inspection the pharmacy the pharmacy had received the hardware scanning equipment. However, pilot site testing was still being completed, before training and software was rolled out to all stores.

Waste medicines were disposed of in appropriate containers and collected by licensed contractors. However the pharmacy did not currently have a hazardous waste bin for cytostatic/ cytotoxic waste. Waste awaiting collection was stored securely.

The pharmacist explained that recalls and patient safety alerts were received and were actioned and documented with the detail of action taken and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided and confidential information is protected.

Inspector's evidence

A good range of crown stamped measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets and capsules and these were clean at the time of inspection.

Dispensing containers and liquid medicine bottles were stored securely to prevent contamination.

The pharmacy had copies of BNF, BNF children as well as access to the internet and electronic access to reference sources as well as access to the superintendent's office/ Numark for advice and queries.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Staff were observed disposing of confidential waste appropriately.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.